

6-15-06

## EXPRESS MAIL NO. EV719390390US

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## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

| Application Number   | 10/002,603                 |
|----------------------|----------------------------|
| Filing Date          | October 30, 2001           |
| First Named Inventor | Alexander Gaiger           |
| Art Unit             | 1644                       |
| Examiner Name        | Ronald B. Schwadron, Ph.D. |
| Attorney Docket No.  | 210121.465C6               |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration Extension of Time Reque Express Abandonment Request Information Disclosure Statement and Transmitt Cited References Certified Copy of Priority Document(s) Response to Missing Par under 37 CFR 1.52 or 1.5 Response to Missing Parts/Incomplete Applica | Drawing(s)  |  |
| <u>TROMONO</u>   |   |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |   |  |
| Firm Name Seed Int   | ellectual Property Law Group PLLC  Customer Number  00500 |  |
| Signature  | 21,614 50   |  |
| Printed Name Jeffrey H   | fundley, Ph.D., Patent Agent                              |  |
| Date June 14   | 2006 Reg. No. 42,676                                      |  |
| CERTIFICATE OF TRANSMISSION/MAILING  |   |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.                                    |   |  |
| Signature  |   |  |
| Typed or printed name  | Date:   |  |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 795003\_1.DOC

EXPRESS MAIL NO. EV719390390US Complete if Known Application Number 10/002,603 Filing Date October 30, 2001 First Named Inventor Alexander Gaiger **Examiner Name** Ronald B. Schwadron, Ph.D. Art Unit 1644 210121.465C6 Attorney Docket No. Other (please identify): Deposit Account Name: Seed IP Law Group PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge any underpayments or credit any overpayments Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) **EXAMINATION SEARCH FEES FEES Small** Small Entity **Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 250 200 100 130 50 65 0 0 0 **Small Entity** Fee (\$) Fee (\$) 50 25 200 100 360 180 Multiple Dependent Claims Fee Paid (\$) Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP = 1 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) -100 = (round up to a whole number) /50 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 2,160 Other (e.g., late filing surcharge): Five Month Extension of Time Fee

Registration No.

(Attorney/Agent)

42,676

Telephone

Date

206-622-4900

June 14, 2006

suant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

For FY 2006

ficant claims small entity status. See 37 CFR 1.27

Charge any additional fee(s) or underpayments

**FILING FEES** 

of fee(s) under 37 CFR 1.16 and 1.17

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Fee (\$)

300

200

200

Each independent claim over 3 (including Reissues)

Extra Claims

0

TOTAL AMOUNT OF PAYMENT

METHOD OF PAYMENT (check all that apply)

☐ Charge fee(s) indicated below

Credit Card

TRANSMITTAL

(\$)2,160

| Money Order

Deposit Account Number: 19-1090

**Small Entity** 

Fee (\$)

500

100

Fee (\$)

0

Fee (\$)

150 100

100

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Jeffrey Hundley, Ph.D., Patent Agent

4 500e

X Check

Deposit Account

authorization on PTO-2038.

**Application Type** 

Fee Description

**Total Claims** 

19

2. EXCESS CLAIM FEES

Multiple dependent claims

Each claim over 20 (including Reissues)

-20 or HP =

Utility

Design

Provisional

NUL

Signature

**SUBMITTED BY** 

Name (Print/Type)